10/51054

Lincolive October 1, 2004													
CLAIMS AS FILED - PART I								SMALL EN	ITITY		OTHER	THAN	
			(Column 1)		(Column 2)		1	TYPE		OF.	SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	·	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	930	
то	TAL CHARGEA	BLE CLAIMS	∑minus 20=		• • ()			X\$ 9=		ÖR	X\$18=		
INDEPENDENT CLAIMS				nus 3 = ()				X44=		OR	-38X		
MULTIPLE DEPENDENT CLAIM PRESENT							<u>;</u> -	-145=	•	OR	X300=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	750	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							<u>)</u>	SMALL	ENTITY	OR	OTHER SMALL E		
		CLAIMS		HIGH	EST		]		ADĎſ-	Ī		ADDI-	
AMENDMENT A	·	REMAINING AFTER AMENDMENT		PREV	BER OUSLY FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 15	Minus	/	5	<i>- 0</i>	]	XS 9=		OR	X\$18=		
Ž.	Independent	• -	Minus	***	<u>}                                    </u>	= 0	<u>.</u>	X43=		OR	-X86=		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							2.15		-	+290=		
+145=										OR			
TOTAL OR ADDIT. FEE												<u> </u>	
(Column 1) (Column 2) (Column 3)													
8		CLAIMS REMAINING			HEST MBER	PRESENT			ADDI-			ADDI-	
Ę		AFTER		PREV	OUSLY	EXTRA	+	RATE	TIONAL		RATE	TIONAL FEE	
AMENDMENT		AMENDMENT		PAIL	FOR		1		FEE,	-	X\$18=		
	Total	•	Minus	••		= -	┨	X\$ 9=	·	OR			
F	Incependent	•	Minus	***	T CL ARL		-	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+145=		OR	+290=		
								TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)												_	
		CLAIMS	1	HIG	HEST		7		ADDI-	1		ADDI-	
D E		REMAINING AFTER	- [		NBER 10USLY	PRESENT EXTRA	1	RATE	TIONAL		RATE	TIONAL FEE	
		AMENDMENT		PAII	FOR	<del> </del>	-		FEE	ł		PGE	
	Total		Minus	••		=	_	X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	•	Minus			=	_	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT COMM								1				
+145=										OR		ļ	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE											ADDIT. FEE		
	"If the "Hichest No.	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "30."  **The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.											

FORM PTO-873 (Rev 10.03)

Paters and Jiagemais Office U.S. DEPARTMENT OF COMMERCE